

ROCKY FLATS ENVIRONMENTAL TECHNOLOGY SITE

KAISER-HILL COMPANY, LLC

CONTRACTOR CONTROLLED INSURANCE PROGRAM (CCIP)

CCIP MANUAL

ROCKY FLATS ENVIRONMENTAL TECHNOLOGY SITE (RFETS)

**CONTRACTOR CONTROLLED INSURANCE PROGRAM (CCIP)
AND CLAIMS REPORTING MANUAL**

PREPARED BY

KAISER-HILL COMPANY, LLC

This Insurance Manual has been prepared by Kaiser-Hill Company, LLC. The Manual is intended to provide information regarding the coverages provided for subcontractors enrolled in the CCIP, and to establish the procedures to be followed in administering the CCIP. It is not intended to be a substitute for policies issued.

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SECTION I

DEFINITIONS

Contractor	Kaiser-Hill Company, LLC
Insured	For the purposes of this manual means the Contractor and the enrolled Subcontractors and Lower Tier Subcontractors
Insurer	<p>Means the Insurance Carrier providing coverage under the CCIP for:</p> <p>Workers' Compensation: Pinnacol Assurance effective 10/1/00 – 10/1/03 Reliance National Ins. Co. effective 7/1/97 - 10/1/00 National Union Fire Ins. Co. effective 7/1/95-7/1/97</p> <p>General Liability: Commerce & Industry effective 7/1/95 – 12/31/06</p> <p>Automobile Liability: Commerce & Industry effective 7/1/95 – 12/31/06</p> <p>Excess Liability: Commerce & Industry effective 7/1/95 – 12/31/06</p> <p>Pollution Liability incl</p> <p>Professional Liability: American Intl Specialty Lines Ins Co 7/1/95 - 12/31/06</p>
Job-Site	All of the premises, including the land and all buildings and structures, known as the Rocky Flats Environmental Technology Site, Jefferson County, CO and areas immediately adjacent, including boundaries of local roads and public easements in which all subcontractors and lower tier subcontractors perform work under their respective subcontracts.
Contractor-Controlled Insurance Program (CCIP)	Insurance coverages procured and maintained by the Contractor for eligible and enrolled Subcontractors and Lower Tier Subcontractors while performing work at the Rocky Flats Environmental Technology Site Project Job-Site .
Risk Manager	The Risk Manager for Kaiser-Hill Company, LLC coordinates efforts to minimize the risks of loss and/or injury to the personnel and property associated with the Job-Site, risks of loss and manages programs to finance those risks of loss.

Self Insured Retention (SIR) The amount of coverage retained on a given policy .
The coverage provided by the General Liability, Excess Liability, Pollution/
Professional Liability and Workers' Compensation policies will not apply until the
specified **Self Insurance Retention** amount has been met.

In the event of an **occurrence involving more than one Subcontractor** which could result in the payment of an insurance **self-insured retention** under the CCIP, the Contractor shall notify each involved Subcontractor of the joint responsibility for payment of the self-insured retention. The involved Subcontractors shall have ten (10) working days to agree among themselves to a proper share of the self-insured retention to be paid by each Subcontractor and so notify the Contractor by joint letter. If the involved Subcontractors cannot agree on the share of the self-insured retention to be paid by each Subcontractor, then the Contractor shall make such determination, which **shall not be a dispute under the "Disputes" clause of the respective subcontracts.**

Allowable and Reimbursable Expense Payment of a Self Insured Retention by Subcontractor is an allowable and reimbursable expense, subject to the following exceptions: the Subcontractor's liability to third persons are not allowable unless the subcontractor demonstrates to the Contractor that such liability were not caused by either:

- (a) the willful misconduct or lack of good faith of the Subcontractor's managerial personnel; or
- (b) the failure to exercise prudent business judgment by the subcontractor's managerial personnel. The exercise of prudent business judgment relates to the decisions or actions of the subcontractor's managerial personnel in their capacity as management officials responsible for business judgments exercised in the performance of work under this subcontract.
- (c) the meaning of the term "subcontractor's managerial personnel" as used in (a) and (b) above shall be as defined in the Subcontract.

SECTION II

OVERVIEW

WHAT IS A CONTRACTOR CONTROLLED INSURANCE PROGRAM (CCIP)?

The basic principle of a CCIP or WRAP-UP is that the Contractor furnishes certain insurance coverages stipulated in the subcontract for all eligible subcontractors and lower tier subcontractors, regardless of tier. Because the cost of the CCIP is the responsibility of Kaiser-Hill, your subcontract proposal shall not include any premium or allocable insurance costs associated with the coverages provided under the CCIP program..

WHAT COVERAGES ARE INCLUDED?

The Rocky Flats Environmental Technology Site (RFETS) CCIP includes the following coverages:

- Workers' Compensation and Employers' Liability
- General Liability
- Automobile Liability: For Government (DOE/GSA) Furnished Vehicles Only
- Excess Liability
- Combined Professional Liability and Pollution Liability

A brief description of the coverages and the limits of liability is included in Section IV, Part A. The policies of insurance described are the only lines of insurance included in the CCIP. The CCIP does not provide coverage or insurance for your owned, non-owned or hired automobiles; your tools and/or equipment; or time element coverages (business interruption and extra expense). Please refer to the policies for a complete description of policy conditions and exclusions.

WHERE DOES COVERAGE APPLY?

The coverages are limited to accidents and occurrences that take place at the Job-Site, as defined by the coverage outline included in Section IV.

ILLUSTRATION OF CCIP COVERAGES

Under a traditional approach to project insurance, each sub-contractor provides all of its own insurance coverages. The following chart illustrates the coverages provided by the Contractor Controlled Insurance Program (CCIP):

Coverage	CCIP Program	Where CCIP Coverage
Workers' Compensation & Employers' Liability	Kaiser-Hill and All Enrolled Subcontractors	Applies Defined Job-Site
Comprehensive General Liability	Kaiser-Hill and All Enrolled Subcontractors	Defined Job Site
Commercial Business Automobile	Kaiser-Hill and All Enrolled Subcontractors for DOE/ GSA furnished vehicles only. No coverage included for your owned, non-owned or hired vehicles.	Where Operating
Pollution Liability	Kaiser-Hill Under Project Policy For All Enrolled Subcontractors	Defined Job Site
Professional Liability	Kaiser-Hill Under Project Policy For All Enrolled Subcontractors	Provided at the site or professional service intended for use at the site
Subcontractor's Owned, Leased or Hired Property, Tools, Equipment and Vehicles	Each Subcontractor and Lower Tier Subcontractor At Own Expense	Not applicable. Contractors are responsible
Business Interruption/Extra Expense	Each Subcontractor and Lower Tier Subcontractor At Own Expense	Not applicable. Contractors are responsible

WHO IS ELIGIBLE?

The intent of a CCIP is to include all Subcontractors and Lower Tier Subcontractors, however, there are certain operations and types of subcontractors that cannot be included. Please refer to the eligibility requirements in Section V of this manual.

WHAT INSURANCE COVERAGES REMAIN THE SUBCONTRACTORS RESPONSIBILITY?

In addition to enrollment in the CCIP, Subcontractors and Lower Tier Subcontractors must provide proof of insurance in the form of an acceptable certificate of insurance evidencing Workers' Compensation/Employers' Liability (off-site), General Liability (off-site), Automobile Liability (for other than Government Furnished Vehicles). See Section IX, page 25, Certificate of Insurance Guideline & Request, for details of these requirements. The Certificate of Insurance must be submitted to the Subcontract Administrator **prior** to the start of any work under the subcontract.

Non-Eligible Contractors and Subcontractors and Lower Tier Subcontractors of any tier must provide proof in the form of an acceptable certificate of insurance evidencing Workers' Compensation, Employers' Liability, General Liability and Automobile Liability Insurance for all activities related to the Job-Site, whether on or off the defined Job-Site. See Section IX, page 25, Certificate of Insurance Guideline & Request, for details of these requirements. The Certificate of Insurance must be submitted to the Subcontract Administrator **prior** to the start of any work under the subcontract.

WHAT HAPPENS TO YOUR INSURANCE PROGRAM?

As an eligible Subcontractor or Lower Tier Subcontractor, certain insurance coverages for this project are furnished by the Contractor. As an enrollee, **you should notify your Agent or Broker of your enrollment in the CCIP so that they can make the necessary adjustments in your own insurance program.**

ENROLLMENT

The CCIP enrollment forms are contained in Section VII of this manual. These forms require general information, specific payroll data and other information about subcontractors. When a subcontract is awarded, and your enrollment forms are complete, a Workers' Compensation policy number will be assigned. An Advice of Insurance shall be issued confirming your coverage under the CCIP. Coverage will not take effect unless all enrollment requirements have been met, as detailed in Section VII of this manual. **You will not be allowed access to the site without confirmation of enrollment and confirmation that your Certificate of Insurance for non CCIP coverages is on file.**

**REMEMBER: PARTICIPATION IS MANDATORY BUT NOT
AUTOMATIC FOR ELIGIBLE SUBCONTRACTORS. YOU MUST
ENROLL IN THE CCIP.**

SECTION III
KEY CONTACTS & RESOURCES

Prior to award of a subcontract, all questions must be directed to the Subcontract Administrator. After subcontract award, you may direct your questions to the Subcontract Administrator, or to the following:

<u>TOPIC</u>	<u>CONTACT</u>	<u>FIRM</u>	<u>TELEPHONE</u>	<u>FAX</u>
ENROLLMENT	Albert A. Jerman	Kaiser-Hill Company	303-966-9784	303-966-5330
ELIGIBILITY	Albert A. Jerman	Kaiser-Hill Company	303-966-9784	303-966-5330
COVERAGE	Albert A. Jerman	Kaiser-Hill Company	303-966-9784	303-966-5330
CERTIFICATES OF INSURANCE (Contractor Provided)	Albert A. Jerman	Kaiser-Hill Company	303-966-9784	303-966-5330
CLAIMS	Albert A. Jerman	Kaiser-Hill Company	303-966-9784	303-966-5330
PAYROLL REPORTS & AUDITS	Kathie West Elena Jones	Marsh USA Inc.	303-308-4514 303-308-4622	303-308-4900 303-308-4900

OFFICE LOCATIONS:

CCIP Administrator	Marsh USA Inc. 1225 - 17th Street, Suite 2100 Denver, CO 80202-5534	Phone: 303-308-4500 Fax: 303-308-4900
Risk Manager	Kaiser-Hill Company, LLC Rocky Flats Environmental Technology Site Building T130G, Room 53 10808 Hwy 93, Unit B Golden, CO 80403-8200	Phone: 303-966-9784 Fax: 303-966-5330 Email: albert.jerman@rfets.gov

SECTION IV
INSURANCE COVERAGES

A. INSURANCE PROVIDED BY CCIP

The CCIP provides the following types of coverage:

1. Workers' Compensation and Employer's Liability

Each Subcontractor and Lower Tier Subcontractor will receive a Workers' Compensation insurance policy evidencing coverage provided under this program.

Coverage A:	Statutory benefits	
Statutory Workers' Compensation	All states except: Maine, Nevada, North Dakota, Ohio, Washington, West Virginia, And Wyoming.	
Coverage B:	\$1,000,000	Bodily Injury by accident - Each Accident
Employer's Liability	\$1,000,000	Bodily Injury by disease - Each Employee
	\$1,000,000	Bodily Injury by disease - Policy Limit

The Workers' Compensation policy will include the following:

- ? Voluntary Compensation
- ? 90 Days Notice in the event of Cancellation
- ? \$1,000,000 Deductible per occurrence for accidents
- ? \$1,000,000 Deductible per claimant for occupational disease

**Kaiser-Hill, as Contractor, is responsible for payment of all
Workers' Compensation premiums and deductibles for CCIP coverage.**

Effect on Future Experience Modifications

Premium and loss experience incurred by each CCIP Subcontractor, shall be reported to the NCCI (National Council on Compensation Insurance) in the normal manner for use in calculating future workers' compensation experience modifications. The premium impact of your experience modifier further underscores the importance of compliance with Kaiser-Hill safety procedures while working at the Job-Site.

- 2. Commercial General Liability (CGL)** insurance is written on a claims-made basis using Insurance Service Office (ISO) Form CG0001. The Commercial General Liability policy provides coverage for third party claims arising from an occurrence for which you are legally obligated to pay

as a result of bodily injury or property damage to which the insurance applies, subject to the following annual limits:

Policy Limits:

General Aggregate	\$	2,000,000
Products/Completed Operations Aggregate	\$	1,000,000
Products Completed Operations Extension Period	\$	1,000,000
Personal & Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Fire Damage	\$	50,000
Medical Expense	\$	10,000

- ? Retroactive Date: July 1, 1995
- ? Defense is included in the limit of liability.
- ? Limits are shared between Contractor and all enrolled subcontractors and lower tier subcontractors, and do not apply separately, regardless of the number of subcontractors.
- ? Aggregate limits apply annually. (Except the Extended Reporting Period)
- ? Completed Operations has a 3 Year Coverage Extension, to 12/31/2009; and a 5 Year Extended Reporting Period, to 12/31/2011. In each case, limit is included in the policy final year limit.
- ? For all coverages except Completed Operations, there is a 5 Year Extended Reporting Period, to 12/31/2011. Limit is included in the policy final year limit.
(all dates shown are effective at 12:01 AM)
- ? Kaiser-Hill, as Contractor, is responsible for payment of all premiums for CCIP coverages.
- ? **\$500,000 Self Insured Retention (SIR) per occurrence effective 10/01/2000.**
(for applicable SIR prior to 10/01/2000, refer to Kaiser-Hill Risk Manager)
- ? Subcontractor is responsible for payment of the Self Insured Retention, which is an allowable and reimbursable expense, subject to the exceptions and provisions in **Section I - Definitions** (page 2):

General Liability Key Concepts:

- ? "Claims Made" Basis:
The policy covers claims that occur during the policy period (July 1, 1995 to December 31, 2006) and are **made during the policy period**. Claims reported or suits filed or demands made subsequent to December 31, 2006 are not covered under the basic form.
- ? Completed Operations Extension:
Provides a coverage extension of 3 years (to December 31, 2009) for completed operation claims that occur as a result of work that occurred during the policy period (July 1, 1995 to December 31, 2006). Claims that are made as a part of any Completed Operations extension become a part of the final policy year limit.

- ? Extended Reporting Period:
Expands the policy to include coverage for claims that occur during the original policy term (July 1, 1995 to December 31, 2006) but are reported (made) during the extended reporting period of December 31, 2006 to December 31, 2011 for all coverages included in the policy except completed operations. Due to the Completed Operations Extension noted above, the five year extended reporting period is applicable from December 31, 2006 to December 31, 2011 for completed operations. Claims that are made as a part of any extended reporting period become a part of the final policy year limit.

Note: all dates shown are effective at 12:01 AM

Additional Terms :

The Commercial General Liability coverage ISO Form includes the following:

- ? Premises Operations, including Medical Payments
- ? Blanket Contractual
- ? Personal Injury
- ? Broad Form Property Damage, including Completed Operations
- ? XCU Endorsement (Explosion, Collapse & Underground)
- ? Host Liquor Liability
- ? Employees as Additional Insureds
- ? Severability of Interests
- ? Elevators
- ? Independent Contractors Liability
- ? Products/Completed Operations
- ? Completed Operations coverage is provided for 3 years after completion of the work

Significant **Exclusions**, in Addition to those found in the General Liability Coverage Form, include:

- ? Nuclear Exclusion
- ? Pollution Exclusion
- ? Professional Engineers, Architects, or Surveyors Liability Exclusion
- ? Land Subsidence and Land Contamination Exclusion
- ? Owned Disposal Site Exclusion
- ? Owned Underground Storage Tank Exclusion
- ? Testing Errors and Omissions Exclusion
- ? Radioactive Materials Exclusion.
- ? Securities and Financial Interest Exclusion
- ? Lead Exclusion
- ? Asbestos Exclusion
- ? Employment Related Practices Liability Exclusion
- ? Coverage for any subcontractor's machinery, tools, equipment or other property. See "Other Insurance to be provided by Subcontractor or Lower Tier Subcontractor."

The Commercial General Liability policy will be primary insurance for claims arising from this Subcontract, and non-contributing with respect to any other insurance carried by the Subcontractor or any Subcontractor for Work performed at the Job-Site.

3. Automobile Liability for Government Furnished Vehicles (DOE/GSA) only. Insurance is written on an occurrence basis using Business Auto Form CA 0001692. This insurance does not apply to the operations of subcontractor leased, rented or owned vehicles.

Limit of Liability	\$1,000,000 Combined Single Limit for Bodily Injury & Property Damage
Self Insured Retention	\$500,000 effective 10/01/2000 (for applicable SIR prior to 10/01/2000, refer to Kaiser-Hill Risk Manager)

Additional Terms:

The Auto Liability coverage includes the following:

- ? Severability of Interests
- ? Sudden or Accidental Pollution Coverage
- ? Employees as Insureds
- ? Fellow Employee Coverage
- ? Extended definition of Bodily Injury which includes shock, mental anguish, mental injury, sickness & disease
- ? Kaiser-Hill, as Contractor, is responsible for payment of all premiums for CCIP coverages.

Significant **exclusions**, in addition to those found in coverage form CA 0001692:

- ? Wrong delivery of Liquid Products Exclusion
- ? Physical Loss or Damage to any vehicle

4. Excess Liability

Excess Liability Insurance is written on Commerce & Industry Form 47174. The coverage is a claims-made basis with a 7/1/95 Retroactive Date and provides a shared limit for all enrolled Subcontractors and Lower Tier Subcontractors.

The excess liability insurance provides additional limits for the automobile, general and employers liability coverages written under the CCIP on the following basis:

Limit of Liability

	Per Occurrence	\$	50,000,000
	Aggregate (shared by integrating contractor and all sub-contractors)	\$	50,000,000
?	Self Insured Retention	\$	10,000
?	Subcontractor is responsible for payment of the Self Insured Retention, which is an allowable and reimbursable expense, subject to the exceptions and provisions in Section I - Definitions (page 2):		
?	Defense is included within the limit of liability.		
?	Aggregate Limit applies annually (except there is no limit reinstatement for the extended reporting period).		
?	Kaiser-Hill, as Contractor, is responsible for payment of all premiums for CCIP coverages.		

The Excess Liability Coverage follows the form of the primary policies, with the following coverage exclusion endorsements:

- ? Total Lead Exclusion Endorsement
- ? Contractors Limitation Endorsement, which excludes or limits certain coverages, such as Professional Services; Contractual Liability unless covered by the primary policy; and Property Damage to equipment rented, leased or in the care, custody and control of the insured.

5. Combined Professional/Pollution Liability Coverage

Professional/Pollution liability insurance is written on a claims made basis using an American International Surplus Lines Insurance Company form. The Professional/Pollution liability policy contains two insuring agreements: 1) Professional Liability and 2) Pollution Liability. The policy term is July 1, 1995 to December 31, 2006. In addition, the policy includes an extended reporting period from 12/31/06 to 12/31/2011. The Limit of Liability applies for the total term and is shared among all participants in the policy. Below is a brief outline of limits, terms and conditions:

Professional Liability:

Covers actual or alleged negligent acts, error or omissions losses arising from Professional Services including Environmental Consulting and Resulting Bodily Injury or Property Damage, Engineering, and Medical Services.

Pollution Liability:

Provides coverage for all enrolled subcontractors. Covers Bodily Injury, Property Damage and/or Cleanup Costs caused by Pollution Conditions from Covered Operations

Policy Terms:

?	Combined Limit of Liability	\$20,000,000	Each Claim
		\$20,000,000	Policy Term Aggregate (shared)
?	Self Insured Retention (SIR)	\$ 1,000,000	Policy Term Aggregate
		When SIR payments equal \$1,000,000, the SIR drops to \$500,000 for each and every claim.	
?	Subcontractor is responsible for payment of the Self Insured Retention , which is an allowable and reimbursable expense, subject to the exceptions and provisions in		

Section I - Definitions (page 2):

- ? Kaiser-Hill, as Contractor, is responsible for payment of all premiums for CCIP coverages.
- ? Professional/Pollution Liability Coverage is on a claims made basis and includes a five year extended reporting provision.
- ? Retroactive Date: July 1, 1995
- ? Defense is included in the limit of liability.
- ? Covered Professional Services and Contractors Operations: All services and operations outlined in DOE Contract with Kaiser-Hill.

Additional Terms:

The Professional Liability/Pollution Liability Coverage Form includes the following:

- ? Broad E&O Cover including Pollution
- ? Resulting BI/PD
- ? Asbestos Abatement - Liability endorsement
- ? Medical Malpractice Liability endorsement
- ? Coverage for 3rd party action over claims arising out of Bodily Injury sustained as a result of a pollution condition
- ? Includes Sudden, Accidental and Gradual Pollution

Significant **Exclusions** include, but are not limited to, the following:

- ? No coverage will be provided for suits brought between enrollees (cross liability exclusion applies)
- ? Excludes claims arising from nuclear materials. Price Anderson Act provides protection.

THE ORIGINAL CCIP POLICIES ARE AVAILABLE FOR VIEWING IN THE KAISER-HILL RISK MANAGEMENT OFFICE. CALL 303-966-9784 FOR AN APPOINTMENT.

B. INSURANCE TO BE PROVIDED BY SUBCONTRACTORS AND LOWER TIER SUBCONTRACTORS

1. MINIMUM REQUIREMENTS:

Every Subcontractor or Lower Tier Subcontractor covered under this CCIP must, for its own protection and at its own expense, carry, maintain and provide evidence of Workers' Compensation including Employer's Liability, **and** Comprehensive General Liability insurance applicable to operations **away from** the Job-Site; and Automobile Liability insurance applicable to operations of their owned, non-owned and hired vehicles **both on or away** from the Job-Site. The following insurance requirements apply to any Subcontractor, Lower Tier Subcontractor, Material Dealer, Supplier, Vendor and others not covered under the CCIP, but doing any work or performing any service connected with the Job-Site:

- a. Workers' Compensation-Statutory
Employers' Liability - \$1,000,000
- b. Comprehensive General Liability insurance with limits of at least \$1,000,000 Combined Single Limit Bodily Injury and Property Damage and including protection for Contractual Liability, Products/Completed Operations, Independent Contractors Liability, Broad Form Property Damage and XCU Hazards.
- c. Automobile Liability insurance covering all owned, hired, and non-owned automobile vehicles used in connection with the work at the Job-Site, except DOE/GSA furnished vehicles (see CCIP Coverage A.3), with limits of at least \$1,000,000 each accident for Bodily Injury, and Property Damage combined except subcontractors handling hazardous material are required to provide evidence of policy limits of at least \$5,000,000.
- d. Property Insurance providing for contractors owned, borrowed or leased property and equipment (except for Government owned property and equipment).

2. CERTIFICATES OF INSURANCE

Certificates of Insurance evidencing Subcontractor provided insurance under this section shall be delivered prior to commencing any work at the Job-Site to the Subcontract Administrator.

Such Certificates of Insurance shall provide for a 30-day advance notice of cancellation or policy change. See **Certificate of Insurance Guideline & Request** in Section IX, page 25, for further details.

Every Subcontractor shall also require its Lower Tier Subcontractors to furnish similar Certificates of Insurance, copies of which shall be filed with the Subcontract Administrator. Failure of any Subcontractor or Lower Tier Subcontractor to file such Certificates of Insurance shall not relieve such party of its responsibility to carry and maintain such insurance. Site Security, in conjunction with and at the direction of the Subcontract Administrator, shall have the right to prevent the personnel of any such Subcontractor or Lower Tier

Subcontractor from entering the site until such Certificate of Insurance has been received and accepted by the Subcontract Administrator.

SECTION V **CCIP ELIGIBILITY**

Coverage under the CCIP is provided for the protection of the Contractor and all eligible Subcontractors and Lower Tier Subcontractors of any tier who are enrolled in the CCIP. If a Subcontractor is doing work at the Job-Site, and is eligible for coverage under the CCIP, that **Subcontractor must enroll in the CCIP, regardless of the contracting vehicle used (purchase order, credit card, subcontract, etc.).** The Subcontract Administrator can provide a CCIP Manual for these cases, and all Eligibility and Enrollment criteria apply equally.

ENROLLMENT IN THE CCIP BY ALL ELIGIBLE SUBCONTRACTORS AND LOWER TIER SUBCONTRACTORS IS MANDATORY, BUT NOT AUTOMATIC.

- A. On-Site Work** - All eligible Subcontractors and Lower Tier Subcontractors doing work at the Job-Site must enroll in the Contractor Controlled Insurance Program regardless of the type of subcontract, its dollar value, or duration, subject to the following exceptions:

The following exposures/types of operations will NOT be eligible for the CCIP:

1. Operations away from the Job-Sites, including but not limited to: offsite fabrication, assembly, consulting, engineering or clerical personnel. Note: if a subcontractor performs offsite professional services such as engineering, lab testing, or scheduling, see page 21, Section IX, Item 3.
2. Vendors, suppliers, material dealers, hauling, delivery or pick-up at the Job-Site, debris removal or other similar operations, **whether or not part of otherwise eligible operations** ;
3. Warranty Work of short duration or field service representatives providing temporary maintenance services.
4. Maintenance services, including preventative maintenance and/or emergency repair services.
5. On-site Subcontractor's equipment fuel suppliers;
6. Commuting to and from the Job-Site;

- B. Off Site Work** - No Subcontractor or Lower Tier Subcontractors principally working off-site is eligible for Workers' Compensation, General Liability or Auto Liability coverage under the CCIP. However, professional services performed off-site, such as engineering, lab test and scheduling, may be eligible for inclusion under the CCIP Professional/Pollution Liability coverage only.

A separate application is included for those eligible for Professional/Pollution Liability only- Form J.

Note: if you perform professional services on-site, you are eligible for full enrollment under the CCIP, and this Section does not apply.

IF THERE ARE ANY QUESTIONS CONCERNING ELIGIBILITY, THE SUBCONTRACTOR OR LOWER TIER SUBCONTRACTOR SHOULD CONSULT WITH THE RISK MANAGER OF KAISER-HILL COMPANY, LLC FOR FINAL DETERMINATION.

SECTION VI

SUBCONTRACTOR RESPONSIBILITIES

ADMINISTRATIVE RESPONSIBILITIES

Subcontractors and Lower Tier Subcontractors are required to cooperate with the Contractor with regard to the administration and operation of the CCIP. The Subcontractors and Lower Tier Subcontractors responsibilities shall include, but not be limited to:

- (1) Execution of all documents to effect CCIP coverage, including, but not limited to, Enrollment Forms supplied in Section VII of this manual, and any related information required for inception, maintenance or renewal of all CCIP coverages.
- (2) Inclusion of the CCIP provisions in all subcontracts and lower tier subcontracts, regardless of tier.
- (3) Notification to the Contractor of all work subcontracted.
- (4) Preparation of the Quarterly Payroll Records as outlined in Section IX of this manual; and maintenance of other records as necessary for premium computation.
- (5) Compliance with all applicable loss control, safety and claim reporting procedures.

INSURANCE COSTS

As noted above, the Contractor will provide the CCIP coverages and pay applicable premiums for the benefit of covered Subcontractors and Lower Tier Subcontractors who agree to:

- (1) Remove all applicable insurance costs from the subcontract price and change orders, and
- (2) Assign to the Contractor all return premiums, dividends, refunds, or other credits due, or that will become due, pertaining to the CCIP insurance policies.

ELIGIBLE SUBCONTRACTORS AND THEIR LOWER TIER SUBCONTRACTORS ARE NOT COVERED UNDER THE CCIP UNTIL ENROLLMENT FORMS HAVE BEEN PROPERLY COMPLETED AND SUBMITTED TO THE CONTRACTOR BY EACH SUBCONTRACTOR AND LOWER TIER SUBCONTRACTOR. CCIP ENROLLMENT MUST BE COMPLETED BEFORE THE SUBCONTRACTOR AND THEIR LOWER TER SUBCONTRACTORS ARE GIVEN ACCESS TO THE SITE, OR WORK IS BEGUN.

ANY SUBCONTRACTOR WHO IN TURN SUBCONTRACTS WORK REMAINS FULLY RESPONSIBLE FOR ENROLLMENT AND COMPLIANCE WITH ALL PROVISIONS OF THE CCIP MANUAL FOR ALL THEIR LOWER TIER SUBCONTRACTORS.

SECTION VII
ENROLLMENT

1. ELIGIBLE SUBCONTRACTOR AND LOWER TIER SUBCONTRACTOR:

A. COMPLETION OF ENROLLMENT FORMS

- 1) The CCIP manual has been made a part of a Solicitation. The successful subcontractor, and its lower tier subcontractors, **must submit completed CCIP Enrollment Forms prior to mobilization or commencement of work at the site**, subject to eligibility criteria in Section V.
- 2) If the Subcontractor's offer includes work to be done by Lower Tier Subcontractors, subject to the eligibility criteria shown in Section V, the Subcontractor must assure that enrollment of all Lower Tier Subcontractors is fully completed and approved.
- 3) If a Subcontractor is doing work at the Job-Site, and is eligible for coverage under the CCIP (see Section V), that **Subcontractor must enroll in the CCIP, regardless of the contracting vehicle used (purchase order, credit card, subcontract, etc.)**. The Subcontract Administrator can provide a CCIP Manual for these cases, and all Eligibility and Enrollment criteria apply equally.

B. ENROLLMENT FORMS REQUIRED:

- 1) Completion of the following forms is required for enrollment of an eligible contractor:

Form B - Basic Enrollment Information: Form B needs to be completed only once, and must include basic information such as name, address, phone/fax, contact names, federal ID number, state unemployment number, and workers' compensation experience modifier and ID number. When additional contracts are awarded, the subcontractor does not need to complete the Form B again.

Form C - Subcontract Information: Form C requires information specific to a subcontract for work at the Job-Site, subject to eligibility requirements. This form includes subcontract number, estimated start and finish dates, estimated subcontract value, workers' compensation classifications and payrolls, and a description of all lower tier subcontractors to be used for this subcontract. A Subcontract Information Form must be completed for each and every subcontract.

For General Service Agreements, Task Orders, Basic Ordering Agreements or similar types of agreements, subcontractor shall submit Forms B and C providing estimated payroll, by class code, at the time the subcontract or agreement is awarded. A new Form C will be required for subsequent agreements or task orders.

Certificate of Insurance in compliance with Certificate of Insurance Guideline & Request (page 25)

Additional information that may be requested by the National Council on Compensation Insurance, Insurance Carrier, or Kaiser-Hill Risk Manager.

<p>SEE ENROLLMENT CHECKLIST FOR INSTRUCTIONS WHEN COMPLETING ENROLLMENT FORMS.</p>

Subcontractors are not eligible to start work on site until their enrollment, and the enrollment of all of their Lower Tier Subcontractors, has been approved, and they have been notified by the Subcontract Administrator.

SECTION VIII
WORKERS' COMPENSATION PAYROLL AUDITS

GENERAL

Each enrolled Subcontractor or Lower Tier Subcontractor performing work at the Job-Site is required to submit quarterly payroll reports to the Subcontract Administrator, regardless of type of subcontract or agreement. The quarterly payroll reports are due within 15 days after the quarterly periods ending December 31, March 31, June 30 and September 30. The subcontractor may provide this workers' compensation classification and payroll information using the sample form provided on page 26 of this manual, or their own computer print-out, spreadsheet, or internal form.

Each Subcontractor or Lower Tier Subcontractor may be requested to make its books and records available to the Workers' Compensation Insurance Company auditor for completion of a Physical Audit at any reasonable time during the life of the project and within one year of substantial completion of the Subcontractor's or Lower Tier Subcontractor's work.

The basis used for applying workers' compensation classifications and reporting payroll will comply with the standard rules and regulations of the National Council on Compensation Insurance.

Annual Audit Procedure :

A physical audit of each Subcontractors' payroll records may be completed by the insurance carrier for the preceeding policy year.

SECTION IX

EXHIBITS

1. Enrollment Forms for Eligible Subcontractors included in this section
(for Eligibility - see Section V. I.)

Enrollment Checklist

Form B - Basic Enrollment Information including Premium Assignment

Form C - Subcontract Information

Certificate of Insurance Guideline & Request

Subcontractor shall, at the request of the National Council on Compensation Insurance (NCCI), provide additional workers' compensation information , such as ERM-14 or Request for Experience Rating Data. These forms will be supplied to the subcontractor if requested by NCCI.

2. Quarterly Payroll Report - shall be used to provide quarterly payroll information and shall be submitted to the CCIP administrator. The subcontractor has the option of using their own computer print-out, spreadsheet or any other form that includes the same information.
3. Enrollment form for Professional/Pollution liability only, applicable to firms providing professional services off-site, and therefore not eligible for full enrollment in the CCIP.
(For Eligibility - see Section V.)

Form J - Offsite Professional Services - applicable to Professional/Pollution liability only.

ROCKY FLATS ENVIRONMENTAL TECHNOLOGY SITE
CONTRACTOR CONTROLLED INSURANCE PROGRAM (CCIP)

ENROLLMENT CHECKLIST

- I.** THE FOLLOWING MUST BE RETURNED TO YOUR SUBCONTRACT ADMINISTRATOR BY ALL ELIGIBLE SUB-CONTRACTORS IN ORDER TO ENROLL IN THE CCIP PER ELIGIBILITY SECTION V. (Note: Use your existing Workers Compensation policy as a reference in completing the CCIP Enrollment Forms.)

- ? **Basic Enrollment Information (Form B)**
- ? **Subcontract Information (Form C)**
- ? **Certificate of Insurance (See Certificate Guidelines)**

If you are a participant as a joint venture partner or subsidiary or division of another company, you may be asked to complete an ERM-14 Form, or Request for Experience Rating Data, if required by the National Council on Compensation Insurance (NCCI).

- II.** If you provide Professional Services and work solely off the Job-Site, you are not eligible for full enrollment in the CCIP. However, you are required to participate in the CCIP Professional/Pollution Liability coverage **only**. THE FOLLOWING MUST BE RETURNED TO YOUR SUBCONTRACT ADMINISTRATOR BY ALL ELIGIBLE SUB-CONTRACTORS WHO PROVIDE OFF-SITE PROFESSIONAL SERVICES ONLY, PER ELIGIBILITY SECTION V.II. (Note: If the professional services you provide are on the Job-Site, do not use this form. See Section V. Eligibility, and complete Forms B & C.)

- ? **Professional/Pollution Liability Only - Enrollment Form J**
- ? **Certificate of Insurance (See Certificate Guidelines)**

If you have any lower tier subcontractors, you are responsible that each of your eligible lower tier subcontractors comply with these enrollment procedures and all provisions of the CCIP manual. Your enrollment Form C must name all your lower tier subcontractors.

ROCKY FLATS ENVIRONMENTAL TECHNOLOGY SITE
KAISER-HILL COMPANY, LLC
CONTRACTOR CONTROLLED INSURANCE PROGRAM (CCIP)
BASIC ENROLLMENT INFORMATION - FORM B

1. Name:

2.

Address: _____

3. Telephone No.: _____ Fax No.: _____ Your SIC Code:

4. Federal ID No.: _____ State Unemployment ID No.: _____

5. Type of Organization: Corporation____ Partnership____ Sole Proprietor____ Joint Venture____

6. Is your firm a subsidiary and/or division of another company? _____ If yes, state details:

7. What is your current Workers' Compensation Experience Modifier:

8. Experience Rating (Anniversary) Date: _____ WC Bureau (NCCI) ID Number

9. Are you using any Department of Energy vehicles on the Rocky Flats Jobsite? _____ If yes, how many and for what purpose

10. Are you using owned, leased or rented vehicles on the Rocky Flats Jobsite

11. Advise & describe if you are doing any Professional/Pollution or Remediation Services. _____

(Name)

(Telephone No.)

12. Key Company Contact at Rocky Flats:

13. Claims/Workers Compensation Contact:

14. Safety & Loss Control Contact:

15. Payroll Audit Contact:

16. Location of Payroll/Claims Records:

17. To whom should notices concerning legal matters be sent:

18. It is agreed and hereby authorized that any refund of premium or dividends or retrospective adjustment on premium accruing to us under conditions of policies issued to us under this CCIP, for work performed at the Job-Site, is assigned and shall be paid to Kaiser-Hill Company, LLC

Signed: _____

Authorized Representative of Enrolling

Subcontractor

Title: _____

Print Name: _____

Date: _____

ROCKY FLATS ENVIRONMENTAL TECHNOLOGY SITE
KAISER-HILL COMPANY, LLC
CONTRACTOR CONTROLLED INSURANCE PROGRAM (CCIP)
SUBCONTRACT INFORMATION - FORM C

Name: _____

Subcontract/Task Order Number: _____ Subcontract/Task Order Value
\$ _____

Estimated Start Date: _____ Estimated Completion Date

Identify the firm that awarded this Subcontract/Task

Order: _____

Name and telephone number of subcontract administrator at RFETS:

Brief description of your operations under this subcontract/task
order: _____

Will employees be working at the RFETS Job-Site _____ Total No. of Employees at Job-Site _____

Provide estimated payroll for your direct employees working solely <u>at the RFETS Job-Site</u> for the Subcontract/Task Order described above. State the estimated payroll for each Workers Compensation Class Codes for the term of this subcontract/task order; or if the duration is more than one year, indicate the estimated payroll <u>per year</u>. Refer to your existing workers compensation policy as a guide to the applicable WC Class Code. Payroll means remuneration as defined by the National Council on Compensation Insurance.		
WC Class Code	Description	Estimated <u>Job-Site</u> Payroll for this Subcontract/Task Order Only

Have you hired any lower tier subcontractors: _____ If yes, provide the following information for each lower tier subcontractor. **IT IS YOUR RESPONSIBILITY THAT YOUR ELIGIBLE LOWER TIER SUB-CONTRACTOR(S) ENROLL IN THE CCIP.**

Your Lower Tier Subcontractor Name:

Address:

Contact Name and Telephone

Number: _____

Description of lower tier subcontractor's work:

Will this contract require that the subcontractor be on Job-Site? _____ Estimated Contract Value:

(Use an attachment for multiple lower tier sub-contractors.)

ROCKY FLATS ENVIRONMENTAL TECHNOLOGY SITE
CONTRACTOR CONTROLLED INSURANCE PROGRAM (CCIP)

**CERTIFICATE OF INSURANCE
GUIDELINE & REQUEST**

All Subcontractors and lower tier subcontractors, of any tier, must submit a properly executed Certificate of Insurance with the enrollment application. The Certificate of Insurance must be issued on the industry standard form (ACORD 25), and shall be issued to:

**Kaiser-Hill Company, LLC
Rocky Flats Environmental Technology Site
10808 Hwy 93, Unit B
Bldg T130G, # 53
Golden, CO 80403-8200**

The following provisions will be included:

- ? Kaiser-Hill Company, LLC, its directors, officers, employees and agents shall be named as **Additional Insureds** on all policies provided by the Subcontractor and lower tier subcontractor, except workers' compensation
- ? The policies will give Kaiser-Hill Company, LLC 30 days advance written notice for cancellation or non-renewal of coverage
- ? **Waivers of Subrogation** must be issued for each policy in favor of the Kaiser-Hill Company, LLC

Every Subcontractor will also require all its lower tier Subcontractors, regardless of whether they are eligible for coverage under CCIP, to furnish similar certificates of insurance. Copies must be filed with the subcontract administrator before beginning the work.

The following limits of liability must be shown on all certificates:

Workers' Compensation	Statutory by Jurisdiction	
Employers Liability	\$ 1,000,000	Each Accident
	\$ 1,000,000	Each Employee
	\$ 1,000,000	Aggregate for Disease
General Liability	\$ 1,000,000	Each Claim
	\$ 2,000,000	Aggregate (Annual)
	\$ 1,000,000	Products and Completed Operations Aggregate (Annual)
Auto Liability	\$ 1,000,000	Combined Single Limit;

**If you are involved in the transportation of
Hazardous Materials, including Hazardous Waste,
then the required Auto Liability limit is:**
\$ 5,000,000 Combined Single Limit

Certificate of Insurance must be submitted with your enrollment application.

**KAISER-HILL COMPANY, LLC
ROCKY FLATS ENVIRONMENTAL TECHNOLOGY SITE
WORKERS COMPENSATION
QUARTERLY PAYROLL REPORT**

**TO: Marsh USA Inc.
Attn: Elena Jones
1225 - 17th Street, Suite 2100
Denver, CO 80202-5534**

**FAX: 303-308-4900
(Phone 303-308-4622)**

Name of Your Firm:	Reporting Period:
Policy No:	Contract No.:

Payroll Class Code	Description	Payroll

- ? If questions, contact Elena Jones at 303-308-4622 or Kathie West at 303-308-4514
- ? Any overtime wages should be reported as straight time.
- ? If no eligible payroll for this period, please note & return signed form.
- ? If your contract was completed during this period, add the word "FINAL" to the report.
- ? Payroll report must be received by the 10th day after receipt.
- ? Payroll records may be audited by Kaiser-Hill or Workers Compensation Insurer.
- ? You should notify your company workers compensation insurance carrier that you are participating in this CCIP, and exclude payroll reported here from that workers compensation policy.

Preparer's Name: _____
Title: _____
Date: _____

ROCKY FLATS ENVIRONMENTAL TECHNOLOGY SITE
CONTRACTOR CONTROLLED INSURANCE PROGRAM (CCIP)
PROFESSIONAL/POLLUTION LIABILITY ONLY
ENROLLMENT FORM J

Note: This enrollment is for those who provide Professional Services, working solely off Job-Site, and are not otherwise eligible for full enrollment in the CCIP. If the Professional Services you provide are on Job-Site, do not use this form. See Section V Eligibility, and complete Forms B & C.

Name: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Identify the contractor with whom you hold your contract _____

Name of subcontract administrator for this
subcontract: _____

Subcontract No.: _____ Date of Subcontract Award: _____

Estimated State Date: _____ Est. Completion Date: _____

Subcontract Value: _____

Describe the Professional/Pollution or Remediation Services you provide under this subcontract _____

Insurance Contact at your office: _____

(Name)

(Telephone No.)

Safety & Loss Control Contact: _____

Have you hired any lower tier subcontractors:_____ If yes, provide the following information, using attachments for multiple subcontractors. Each eligible lower tier sub-contractor must also enroll in the CCIP. Refer to Section V. Eligibility to determine the type of enrollment required.

Sub contractor Name:

Address:

Contact Name and Telephone Number:

Description of lower tier subcontractor's work:

Will this contract require that subcontractor be on Job-Site? _____ Estimated Contract Value: _____

Signed: _____

Title:

Print Name: _____

Print Title:

SECTION X

ACCIDENT AND CLAIMS REPORTING PROCEDURES

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INTRODUCTION

Claims procedures are outlined below for losses which occurred after October 1, 2000. For losses prior to that date, consult Kaiser-Hill Risk Manager, Albert A. Jerman at 303-966-9784.

It is the responsibility of each SUBCONTRACTOR and Lower Tier Subcontractor to adhere to the claims reporting procedures detailed in this Manual.

To assure the fastest response possible to all incidents it is essential that each Subcontractor and Lower Tier Subcontractor:

1. Report all claims, of any type, in accordance with the standards and procedures set forth in this Manual.
2. Provide the applicable policy number on all correspondence when communicating with the insurance carrier and/or their claims administrator.
3. Fully cooperate with and assist the insurance carrier and their claims administrator in their investigations of reported claims.

Each enrolled Subcontractor and Lower Tier Subcontractor, regardless of tier, shall instruct all employees to immediately report all property damage, injuries and accidents to their Supervisor or Designee. That Supervisor or Designee shall accompany the injured employee to:

Rocky Flats Environmental Technology Site
Medical Clinic, Building #122
Phone: 303-966-2594
Hours: Monday-Thursday, 6:30 a.m. - 6:30 p.m.
Friday, 6:30 a.m. - 4:00 p.m.
Saturday and Sunday - Closed

Kaiser-Hill and its insurer have designated the Rocky Flats Environmental Technology Site Medical Clinic the provider for all alleged occupational injury or illness in accordance with Colorado Workers' Compensation Act, section 8-43-404 (5)(a) Employer's Right to Select Treating Doctor. If an employee chooses to seek their own medical care, it may result in non-payment of medical benefits, and the individual may be liable for all medical costs.

In the event that an injury occurs outside of clinic hours, the Subcontractor and Lower Tier Subcontractor shall be responsible for helping to arrange for emergency treatment or first aid care for the injured employee. Immediately contact the on-site fire department dispatcher at 303-966-2911 for assistance and reporting purposes. If the symptomology from an on-site injury worsens while off-site, the employee should immediately contact the shift superintendent at 303-966-2914 for instructions.

Serious injuries must be immediately reported by telephone by the employer of the injured person, to Albert A. Jerman, Risk Manager, Kaiser-Hill Company, 303-966-9784.

Serious injuries may include, but are not limited to: fatalities, burns, amputations, loss of vision, and head injuries.

RESPONSIBILITIES OF PROGRAM PARTICIPANTS

RESPONSIBILITIES OF KAISER-HILL OR ITS ENROLLED SUBCONTRACTORS OF ANY TIER **(As Insured)**

- ? Provides necessary emergency medical treatment at the RFETS Medical Clinic or nearest emergency medical facility
- ? Protects the injured party or damaged property from further injury, damage, or destruction of evidence, and reports injury or accident to appropriate Kaiser-Hill authority.
- ? Promptly notifies Kaiser-Hill of a claim or potential claim and complete the required reporting forms
- ? Cooperates with insurance adjuster investigating losses.
- ? Promptly forwards all information received on claims to Kaiser-Hill.

INSURANCE CARRIER

- ? Acknowledges receipt of loss notice and provides name and phone number of the assigned adjuster
- ? Conducts full investigation of all claims
- ? Is accessible to answer claims inquiries on specific issues, and give payment information
- ? Is able to provide timely and accurate status on any specific claim
- ? Provides prompt resolution on claims matters
- ? Consults with Kaiser-Hill Risk Management prior to settlement of claims

KAISER-HILL COMPANY RESPONSIBILITIES
(as Contractor)

- Establishes procedures for prompt reporting of claims.

Directs claims investigations for prompt resolution of claims matters.
- Facilitates communication between Insurer and the respective employer.
- Monitors activities of claims personnel for prompt resolution of claims matters.
- Monitors activities of legal personnel for prompt disposition of claims matters.
- On a regular basis, provides information on claims activities of Kaiser-Hill and its Subcontractors of any tier, to include quarterly claim reviews and updates on an individual basis, as needed.
- Acts as a resource for claims related matters.

MARSH USA INC. RESPONSIBILITIES
(as Insurance Broker)

- ? Provides assistance in design and implementation of claim reporting procedures
- ? Provides assistance in resolving claim related issues/problems at the direction of the Kaiser-Hill Risk Manager
- ? Acts as a resource in other claims related matters at the direction of the Kaiser-Hill Risk Manager

INJURED WORKERS' RESPONSIBILITIES

- ? Immediately report your occupational injury or illness to your supervisor
- ? Report to the RFETS Medical Clinic for medical treatment, regardless of how minor the injury or illness may seem.
- ? Work with your supervisor to complete all required injury report forms
- ? Advise employer of all medical appointments, medical diagnoses, and length of disability
- ? Immediately forward to Kaiser-Hill Risk Management all medical bills, demands and legal notices

STANDARDS

Workers' Compensation Claim-Reporting/Communication Standards for Kaiser-Hill and Subcontractors of Any Tier

The following are minimum performance standards against which the subcontractor will be measured when you receive verbal or written notice of a claim or potential claim:

- All notice of claims or potential claims shall be reported via fax on the required forms by the subcontractor or lower tier subcontractor to Pinnacol Assurance within 72 hours of such notice or sooner, with copies sent to the Kaiser-Hill Risk Manager.
- All documents, correspondence and medical reports/bills received shall be transmitted to Pinnacol Assurance within 24 hours from the time you receive them.
- All legal documents shall be sent directly to Pinnacol Assurance with a copy sent to the Kaiser-Hill Risk Manager.
- All employees who are unable to work due to an work-related occupational illness or injury shall be contacted weekly, during the length of disability and/or employment, by the employer designated contact to discuss medical status, next medical appointment, light duty potential and concerns or issues. Documentation of this contact shall be maintained in a written log . A record of contacts with injured employee shall be recorded and kept on file.
- **No acceptance of liability/compensability, either verbally or in writing, is to be provided to anyone by your firm or any of your employees.**

The purpose of these standards is to ensure timeliness and consistency in the handling of claims related matters.

KEY CONTACT: ROCKY FLATS CLAIMS REPORTING FOR ALL CLAIMS RELATED ISSUES

Albert A. Jerman, Risk Manager
Kaiser-Hill Company, LLC
Building T130G, Room 53
10808 Hwy 93, Unit B
Golden, Colorado 80403-8200
Phone: 303-966-9784
Pager: 303-212-3939
Fax: 303- 966-5330

CLAIM REPORTING PROCEDURES

Workers' Compensation Losses

Benefits may be provided for Kaiser Hill Subcontractors and Lower Tier Subcontractors, if applicable, for job related injuries. Benefits are available to cover medical costs provided by employer designated medical providers, and wages if an employee is determined to be unable to return to work temporarily or permanently.

1. Policy Information - Workers' Compensation
 - a. Carrier: Pinnacol Assurance
 - b. Claims Administrator: Pinnacol Assurance
 - c. Policy Number: Obtain from Enrollment Information or your Advice of Insurance
 - d. Policy Period: 10/01/00 (for expiration date, contact Kaiser-Hill Risk Management department)
 - e. For losses prior to 10/01/00, contact Kaiser-Hill Risk Management department.

Workers' Compensation Loss Reporting:

1. All work related illnesses or injuries must be reported to the injured employee's immediate supervisor or designee. The supervisor or designee shall accompany the injured employee to the Rocky Flats Environmental Technology Site Medical Clinic. For details see Page 29.
2. Upon notification by the employee, the supervisor shall verbally notify the applicable Safety and Health Professional.
3. An Employer's First Report of Injury must be completed immediately by the applicable safety and health professional, or designated company representative, and shall be submitted to the Kaiser-Hill Risk Management department.
4. Employer's First Report of Injury shall be submitted to the applicable Safety and Health Professional by the employer under any of the following criteria:
 - ? Employee is losing time from work
 - ? Employee is referred offsite for medical treatment
 - ? Employee is issued a prescription, which needs to be filled off-site
 - ? Employee is transported offsite by the onsite fire department ambulance.
5. A copy of the on-site medical department's Injury & Accident (I&A) form must be sent with each Employer's First Report of Injury form.
6. Forward to Pinnacol Assurance all medical bills or any other claim correspondence. Maintain copies for your files. If you know your claim number, include this on any material you forward to Pinnacol Assurance. If you do not have a claim number, be sure to include your policy number.
7. Copies of the complete Employers First Report of Injury, transmittal letters, and any other documentation sent to Pinnacol Assurance (except bills from medical providers), must also be forwarded to Albert A. Jerman, Kaiser-Hill Risk Manager.
8. Notices that are received from the on-site medical department than an employee has been taken off of work or referred off-site to a physician or physical therapy facility, subsequent to the initial examination by the Clinic, must also be forwarded to the Kaiser-Hill Risk Management department.

9. If your employee is off work, provide wage information for a period of 26 weeks immediately preceding the injury. Include overtime pay in your wage information. Be sure to sign and date this form. You will be expected to provide this information as soon as your employee starts losing time from work. The Colorado 26 Week Wage Statement shall be sent to the Kaiser-Hill Risk Management department. Please be certain that the wage information provided is accurate and corresponds to wage information on the Employer's First Report of Injury.
10. Call Albert A. Jerman, Kaiser-Hill Risk Manager:
 - ? with any claim questions or issues
 - ? if you have not been contacted by Pinnacol Assurance in a timely manner
 - ? if a Summons and Complaint is served
 - ? if a serious injury has occurred
11. Immediately report to Pinnacol Assurance questionable circumstances regarding an alleged work related injury.
12. Pinnacol Assurance has 20 days from receipt of Employers' First Report of Injury to accept or deny a claim that involves wage loss benefits.
13. Pinnacol Assurance designated personnel, Denver, CO

✍ Larry Lowe	Indemnity Adjuster	(303) 782-4226
✍ Jason Trujillo	Medical Only Adjuster	(303) 782-4278
✍ Mark Andreatta	Team Leader	(303) 782-4251
	Fax Number	(303) 782-2207
14. Pinnacol Assurance will issue a prescription card on each new claim when the file is set up. This prescription card may be used at several local pharmacies including King Soopers Pharmacy. By using the prescription card, prescription bills will be sent directly to Pinnacol Assurance.
15. Failure to report an alleged occupational injury may result in a reduction in wage loss benefits.

Please note that Colorado Workers' Compensation Statutes require that an employee must within 4 days provide written notice to the employer of a injury. The employer must within 10 days complete the Employer's First Report of Injury. Fines of up to \$500.00 per day may be imposed against the employer for noncompliance. There may be a reduction in wage loss benefits for the employee for noncompliance.

Notwithstanding the Colorado Workers' Compensation Statute, Kaiser-Hill requires all employees to immediately notify their Supervisor or Designee of an occupational injury and/or disease. The injured worker and their Supervisor or Designee shall report to the Occupational Medical Clinic (OMC) in accordance with the provisions of the Health and Safety Practices Manual (HSP) 1-66100-HSP-3.03.

CLAIM REPORTING PROCEDURES

Automobile Losses

An automobile liability exposure may exist whenever an employee is operating a GSA or DOE vehicle on company business and the employee is involved in any accident which damages the property of or causes personal injury to another person, including a passenger in the employee's vehicle.

1. Policy Information - Automobile Liability
 - a. Insurer Commerce and Industry Insurance Company
 - b. Policy Number: For current policy number contact Kaiser-Hill Risk Management Dept.
 - c. Policy Period: Effective July 1, 1995
For expiration date, contact Kaiser-Hill Risk Management Dept.
2. Auto losses shall be reported immediately to Albert A. Jerman, Kaiser-Hill Risk Manager.
3. Immediately following any accident:
 - a. Stop. Stay calm. Do not leave the scene.
 - b. Take whatever steps are reasonably necessary to protect the scene of the accident from further accidents and obtain medical assistance if necessary.
 - c. Report the accident to on-site security or the police or highway patrol (if off-site).
 - d. **Do not** discuss the accident with anyone except the police or other authorities
 - e. **Do not** admit or imply liability or responsibility for the accident
 - f. Write down all details of the accident and the extent of damage to property
 - g. Secure the following information and record on the Accident Reporting Kit located in the vehicle:
 - i. Names, addresses and phone numbers of the owners, drivers and passengers of the vehicles involved.
 - ii. License plate numbers of the vehicles involved
 - iii. Insurance information for all drivers involved, including insurer, policy number and insurance representative phone number and address.
 - iv. Names, address and phone numbers of all witnesses, including license plate numbers if appropriate.
 - v. Names, addresses and phone numbers of all injured persons (specify nature of injury).
 - vi. Names and badge numbers of police officers
4. Forward to AIGCS all medical bills, damage estimates or any other claim correspondence. Maintain copies for your files. If you know your claim number, include this on any material you forward to the insurance company. If you do not have a claim number, be sure to include your policy number.
5. Call Albert A. Jerman, Kaiser Hill-Risk Manager
 - ? with any claim questions or issues
 - ? if you have not been contacted by AIGCS in a timely manner
 - ? if a summons and complaint is served
 - ? if a serious injury has occurred
 - ? if substantial damage has occurred

CLAIM REPORTING PROCEDURES

General Liability Losses

A General Liability claim may arise out of the operations or activities of Kaiser Hill or its Subcontractors of any tier and/or their respective employees enrolled in the CCIP at RFETS. Kaiser Hill or its Subcontractors may become potentially liable to reimburse, indemnify, defend or otherwise make whole any third party for bodily injury or property damage.

1. Policy Information - General Liability
2.
 - a. Insurer Commerce and Industry
 - b. Policy Number: For current policy number contact Kaiser-Hill Risk Management Dept.
 - c. Policy Period: Effective July 1, 1995.
For expiration date, contact Kaiser-Hill Risk Management Dept.
2. All liability claims shall be reported within twenty-four (24) hours of the time the accident or loss to Albert A. Jerman, Kaiser-Hill Risk Manager. Any accident which results in bodily injury, death, or property damage shall be reported to the Kaiser-Hill Risk Manager immediately by phone or facsimile.
3. Immediately following any accident or upon gaining knowledge of a claim or potential claim against Kaiser-Hill and/or any subcontractor:
 - a. If injuries have occurred, obtain medical assistance.
 - b. Take reasonable steps to prevent further property damage or risk of personal injury.
 - c. Report the event to the appropriate authorities, i.e. police, fire, utility companies
 - d. Obtain the names, addresses and phone numbers of all witnesses
 - e. **Do not** discuss the accident with anyone except the police, or other authorities, or as otherwise noted herein.
 - f. **Do not** admit or imply liability or responsibility for the accident.
 - g. Obtain the names, addresses and phone numbers of all injured parties.
 - h. Obtain names and badge numbers of police officers.
 - i. Write down all details of the accident.
4. Employees of Kaiser-Hill or its Subcontractors or any tier shall cooperate with any investigation undertaken by the CCIP insurance companies by providing reasonable information as requested and by attending hearings, depositions and trials as necessary. If you are uncertain as to what you can say or give to the insurance representatives, contact the Kaiser-Hill Risk Manager.
5. Call Albert A. Jerman, Kaiser-Hill Risk Manager:
 - ? with any claim questions or issues
 - ? if you have not been contacted by AIGCS in a timely manner
 - ? if a summons and complaint is served
 - ? if a serious injury has occurred
 - ? if substantial damage has occurred

CLAIM REPORTING PROCEDURES

Professional/Pollution and Excess Liability Claim Reporting

In the event of a claim or potential claim concerning Professional, Pollution, or Excess Liability, immediately notify Albert A. Jerman, Kaiser-Hill Risk Manager, providing him with telephone numbers and persons to contact (insured, injured person, damaged property owners, witnesses, legal representatives).

Professional Liability insurance provides coverage for any act, error, mistake or omission in rendering or failure to render professional services which is committed or alleged to have been committed by any Kaiser-Hill employees or employees of Subcontractors of any tier, or by others for whom we are legally responsible. Professional Liability insurance would insure such work as related to design, construction management, rendering opinions, etc.

Policy Information

- a. Carrier: American International Specialty Lines
- b. Policy Number: 8180140
- c. Policy Period: 7/01/1995 – 12/31/2006

Pollution Liability insurance provides coverage for any act, error, mistake or omission for sudden or gradual pollution. Coverage is provided for bodily injury, property damage, and cleanup costs.

Policy Information

- a. Carrier: American International Specialty Lines
- b. Policy Number: 8180140
- c. Policy Period: 7/01/1995 – 12/31/2006

Excess Liability

Policy Information

- a. Insurer: American International Specialty Lines
- b. Policy Number: For current policy number contact Kaiser-Hill Risk Management Dept.
- c. Policy Period: Effective July 1, 1995
For expiration date, contact Kaiser-Hill Risk Management Dept.

Pinnacol Assurance's customer service representatives need the information on this form to process your claim. When phoning in your claim, use this form as a guide. It will save time if you answer these questions prior to reporting your claim. However, if you don't have all the answers, don't wait to report the claim. Early reporting enables the claims team to begin processing your claim. In addition, our representatives can answer your questions about the report.

A Critical Data – Must be completed in order for us to begin processing your claim by phone.

Injured Worker's Social Security Number: ____-____-____ Date of Injury: ____/____/____

Last Name: _____ First: _____ M.I.: _____ ? Male ? Female

Policy number: _____ Federal Employer Identification Number (FEIN): _____ Company Name: _____

Address or Location (if different than mailing address): _____

Is this a lost-time claim? ? Yes ? No (A lost-time claim is a claim in which a worker misses more than three scheduled days from work because of a work-related injury. If you anticipate that your worker will miss three scheduled days, please check yes. Do not wait until your employee has missed three days to report any injury.)

Report all injuries to Pinnacol Assurance immediately.

B. Employee (Injured Worker) Information

Phone: () _____ Home Address: _____

Date of Birth: ____/____/____ Marital Status: _____ Occupation: _____

Date of Hire: ____/____/____ Employee Status: ? Full-time ? Part-time

C. Wage Information

Average Weekly Wage: \$ _____ Hourly Wage: \$ _____ Number of Days Worked per Week: _____

Returned to Work? ? Yes ? No Date Returned to Work: ____/____/____ Estimated Date of Return to Work: ____/____/____

D. Accident Information

Accident Location: _____ If applicable: Location Code: _____ Dept. Code: _____

Time Of Injury: _____ ? a.m. ? p.m. Time Work Began: _____ ? a.m. ? p.m. Last Day Worked: ____/____/____

Date Employer Notified: ____/____/____

Name of Employer Representative Notified: _____ Phone: () _____

E. Medical Provider Information

Did the Employee See Your Designated Provider? ? Yes ? No Is Your Designated Provider a *SelectNet* Provider? ? Yes ? No

Medical Provider Name	Street Address	City	State	Zip	Phone
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What Equipment was Being Used? _____ Specific Activity the Employee was Engaged in: _____

Body Part(s) Injured: _____ How did Accident Occur: _____

Attach additional pages if necessary.

Fatal Injury? ? Yes ? No If Yes, Date of Death: ____/____/____

Name	Relationship	Street Address	City	State	Zip	Phone
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Was Intoxication Involved? ? Yes ? No Were Safeguards or Safety Equipment Provided? ? Yes ? No Used? ? Yes ? No

Witnesses:	Name	Street Address	City	State	Zip	Phone
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Completed by: _____ Position: _____ Phone () _____ Date: ____/____/____

Please Print

INSTRUCTIONS

To reach Pinnacol Assurance, call 888-852-2259

In Denver call 303-782-2259

Filing Guide Fax Number: 303-782-2207

1. **Report all work-related injuries within 24 hours!** Quick reporting can save up to 6% of the total cost of the claim. The **goal** of everyone is to get your employee back to work as quickly as possible; your reporting within 24 hours allows Pinnacol Assurance to help you streamline that process. Report the injury to Pinnacol Assurance even if you question whether the injury is truly job related, and provide information as to why you question the validity of the claim.
2. This form can be used as a guide for **phoning in your claim** (*the fastest way to report!!*). *If you phone in your claim, you do not need to send Pinnacol Assurance a copy of this form. This guide may also be faxed (the 2nd fastest way to report), or mailed (the slowest way to report) to First Report Processing, P.O. Box 241308, Denver, CO 80224-9308.* The employer or authorized representative should complete this form. Please **do not** have the injured worker complete this form.
3. The employer has the right to **designate the medical provider** the injured worker will see for treatment when the employer first learns of the injury. Designating a SelectNet provider through Pinnacol Assurance ensures your employee will deal with providers who are experts in occupational medicine, whose primary business is treating injured workers, and whose doctors are knowledgeable about the workers' comp system and return to work issues. If you do not have a designated provider, call Pinnacol Assurance for assistance. Designating a medical provider may also entitle you to a discount on your premium.
4. When you report a claim to Pinnacol Assurance by phone, a copy of the completed First Report Form will be mailed to you for your records. Please review the copy to ensure all information is correct. If changes are needed, please contact Pinnacol Assurance's claims adjuster assigned to the claim.
5. All questions on this guide will need to be completed in order to meet the requirements of the Colorado Workers' Compensation Act. Especially critical is the information regarding Date of Injury, whether the injured worker lost more than 3 scheduled days from work, and when you expect the injured worker to be able to return to work.
6. If the injured worker owes court ordered child support, compensation benefits may be attached and payment of the child support obligation may be withheld and forwarded to the obligee. (C.R.S. 8-42-124 & 26-12-122(4))

Average Weekly Wage

If this is a LOST TIME claim (loss of more than 3 scheduled days from work), a Pinnacol Assurance claims adjuster will call you for detailed wage information. Wages may also include: overtime wages, tips, commissions, room & board, housing, lodging and cost of health insurance.

Injury Information

Date of Injury: In the case of an occupational disease, include the date of the first and last exposure.

Accident location: If the accident occurred on the employer's premises, give that address. If it occurred outside the employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by a number or street, please provide place references locating the place of the accident as accurately as possible.

And finally, please remember: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.